

**SPECIAL EDUCATION - AB 602**  
**1999-2000 NONPUBLIC SCHOOL EXTRAORDINARY COST POOL CLAIM**  
**E.C. 56836.20 AND E.C. 56836.21**

**PLEASE NOTE: This claim is to be completed by SELPA's for the cost of each pupil placed in a nonpublic school (NPS) where the costs exceed the Statewide Excess Cost Threshold. A copy of the NPS contract supporting excess costs is required for each claim.**

**A SEPARATE CLAIM FORM IS REQUIRED FOR EACH PUPIL.**

**A Reporting SELPA and Nonpublic School Information:**

- 1 SELPA Name: \_\_\_\_\_
- 2 District of Service: \_\_\_\_\_
- 3 SELPA Region Code: \_\_\_\_\_
- 4 Nonpublic School Name: \_\_\_\_\_ License No. : \_\_\_\_\_
- 5 Nonpublic School Address: \_\_\_\_\_
- 6 CASEMIS Student ID: \_\_\_\_\_
- 7 CASEMIS SELPA Code: \_\_\_\_\_
- 8 Pupil's SSN if available: \_\_\_\_\_
- 9 Pupil's Birth date: \_\_\_\_\_

**B Excess Cost Threshold:**

- |   |             |
|---|-------------|
| 1 Necessary Small SELPA Threshold, E.C. 56836.21 (b) (1)<br><i>Necessary Small SELPAs calculate 1% of Total SELPA Apportionment<br/>(1999-2000 SELPA Summary, Section 10, Line A6 multiplied by 0.01)</i> | \$ _____    |
| 2 All other SELPAs' Threshold, E.C. 56836.21 (b) (2)  | \$56,695.05 |

**C Reimbursable Excess Cost Calculation:**

- |   |          |
|---|----------|
| 1 Total 1999-2000 Nonpublic School Costs for a single placement           | \$ _____ |
| 2 Enter the appropriate Threshold amount from Line B1 or<br>Line B2 above | \$ _____ |
| 3 Excess Cost (Line C1 minus Line C2, if negative enter 0)                | \$ _____ |

_____ <i>Prepared by</i>	_____ <i>Title</i>	_____ <i>Date</i>
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_____ <i>Signature</i>	_____ <i>Telephone Number</i>
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**Please return this form post-marked by November 30, 2000**  
TO: California Department of Education, School Fiscal Services Division  
Special Education Fiscal Services Unit  
Attn: Judy Johnson, (916) 323-5185  
560 J Street, Suite 150  
Sacramento, CA 95814  
Fax (916) 327-4873